2-49 Prescribed by Secretary of State Section 141.031, Chapters 143 and 144, Texas Election Code

APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION CITY OF BRYAN

APPLICATION FOR A PLACE ON THE City OF Superior Secretary of Board (name of election) I request that my name be placed on the above-named official ballot as a candidate for the office indicated below. OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) FULL NAME (First, Middle, Last) PERMANENT RESIDENCE ADDRESS (Do not include 2.0. Box or Rural Route. If you do not have a residence address, describe location of residence.) PERMANENT RESIDENCE ADDRESS (Do not include 2.0. Box or Rural Route. If you do not have a residence address, describe location of residence.) STATE ZIP CITY STATE ZIP CITY STATE ZIP OCCUPATION (Do not leave blank) DATE OF BIRTH VOTER REGISTRATION VUID NUMBER ² (Optional) NUMBER ² (Optional)
TO: City Secretary/Secretary of Board I request that my name be placed on the above-named official ballot as a candidate for the office indicated below. OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) By City Concil Pace (A) At Large FULL NAME (First, Middle, Last) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PERMANENT RESIDENCE ADDRESS (Do not include of No. Box or Rural Route. If you do not have a residence address, describe location of residence.) Sol North Main Street CITY STATE TOR Bry CITY STATE TOR BRITH VOTER REGISTRATION VUID NUMBER ² (Optional) NUMBER ² (Optional)
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below. OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) By City Concil Place (a, At Large) FULL NAME (First, Middle, Last) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PERMANENT RESIDENCE ADDRESS (Do not include ap. 0. Box or Rural Route. If you do not have a residence address, describe location of residence.) PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) PUBLIC MAIL ADDRESS (Optional) (Address for Which you receive blank) PUBLIC MAIL ADDRESS (Optional) (Address for Which you receive blank) DATE OF BIRTH VOTER REGISTRATION VUID NUMBER ² (Optional)
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) Bryan City Concil Place (a, At Large Full UNEXPIRED FULL FULL UNEXPIRED FULL UNEXPIRED
PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) PUBLIC MAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) STATE ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZI
PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* Which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) PUBLIC MAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) STATE ZIP ZIP ZIP ZIP ZIP ZIP ZIP ZI
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) Sol North Main St APT 208 Bryan TX 77803 STATE ZIP CITY STATE ZIP CITY PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) OCCUPATION (Do not leave blank) DATE OF BIRTH VOTER REGISTRATION VUID NUMBER ² (Optional)
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) Sol North Main St APT 208 Bryan TX 77803 STATE ZIP CITY STATE ZIP CITY PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) OCCUPATION (Do not leave blank) DATE OF BIRTH VOTER REGISTRATION VUID NUMBER ² (Optional)
vou do not have a residence address, describe location of residence.) Sol North Main St APt 208 Bryan Tx 77803 State ZIP CITY STATE ZIP CITY PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) STATE ZIP OCCUPATION (Do not leave blank) DATE OF BIRTH VOTER REGISTRATION VUID NUMBER ² (Optional)
SOI NORTH Main St APT 208 Bryon TX 77803 STATE ZIP CITY STATE ZIP TX 77803 PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) Server Manager S81 North Main Street STATE ZIP TX 77803 VOTER REGISTRATION VUID NUMBER2 (Optional)
PUBLIC-EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) STATE ZIP 77803 STATE ZIP 77803 DATE OF BIRTH VOTER REGISTRATION VUID NUMBER ² (Optional)
PUBLIC-EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) OCCUPATION (Do not leave blank) DATE OF BIRTH NUMBER ² (Optional)
PUBLIC-EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.) OCCUPATION (Do not leave blank) DATE OF BIRTH NUMBER ² (Optional)
which you receive campaign related emails, if available.) NUMBER ² (Optional)
Derver Manayer
Frankrich Control Cont
Home: Office: Cell:
FELONY CONVICTION STATUS (You MUST check one) LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN
☐ I have not been finally convicted of a felony. IN THE STATE OF TEXAS IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED
I have been finally convicted of a felony, but I have been
pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided
proof of this fact with the submission of this application. ³ month(s)month(s)
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: further swear that
my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have
been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.
Before me, the undersigned authority, on this day personally appeared (name of candidate) 3550 (W940, who being by me here and now duly sworn, upon oath says:
"I, (name of candidate) JUSO'N C. Wayer of Brazos County, Texas,
being a candidate for the office of School City Coop Cil Place Co, swear that I will support and defend the Constitution and
laws of the United States and of the State of Texas. Jam a citizen of the United States eligible to hold such office under the constitution and laws of
this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially
mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of
any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction
status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."
X
SIGNATURE OF CANDIDATE
Sworn to and subscribed before me this the 15 day of Hugust 2004 by Justin Charles Cupp
(day) (month) (year) (name of candidate)
Johnson String
Signature of Officer Authorized to Administer Oath ⁴ Printed Moment Officer Authorized to Administer Oath
M. de
Title of Officer Authorized to Administer Oath
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE OF Applicable) PAID BY:
CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A PLANS, FEAST. This document and \$ filing fee or a nominating petition of pages received
This document and \$ filing fee or a nominating petition of pages received.""" Voter Registration Status Verified
8 15 2024 8 16 2004 (See Section 1.007) Mag Organ Brune for